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CONFIRMATION NO. 6032

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/812,812 | FILING DATE<br>03/30/2004<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY DOCKET<br>NO.<br>074991.0102 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* n/a mem

\*\* FOREIGN APPLICATIONS \*\*\*\*\* n/a mem

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/08/2004

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>43 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>Mayhew</i><br>Initials: <i>mem</i>  |                           |                         |                       |                            |

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## TITLE

Self-ligating lingual orthodontic bracket

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>635 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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